



**2007-08 Gap Analysis & Improvement Plan for  
Core Public Health Programs:  
Healthy Living, Healthy Communities & Health Assessment & Disease  
Surveillance**

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## Executive Summary

Consistent with the province's ongoing initiative to renew core public health programs, the Provincial Health Services Authority (PHSA) presents this document to communicate its 2007-08 plans for core public health programs to the Ministry of Health and PHSA's regional health authority partners.

The Ministry of Health and PHSA's regional health authority partners are vital to PHSA successfully renewing its core public health programs. Many details of PHSA's involvement in core public health programs remain to be determined due to several factors, including:

- Provincial-level and province-wide functions require further consultation between the Ministry of Health (MoH), Regional Health Authorities (RHAs) and PHSA. The ministry has advised that their current target for defining these roles is September 2008.
- Defining PHSA's role with provincial-level and province-wide functions will be subject to significant consultation processes between PHSA and the RHAs and MoH.
- Additional initiatives to support PHSA to fulfill its provincial level roles and to develop and implement improvement plans for each of the core programs will require adequate resources.

As specified in the 2007-08 Health System Performance Framework this document contains gap analyses and improvements plan for the Healthy Living, Healthy Communities, and Health Assessment & Disease Surveillance Core Public Health Programs. Due to the overlap between the Healthy Living & Healthy Communities Core Programs, they have been addressed together. Two working sessions were facilitated for each gap analysis and improvement plan process, in which representatives identified by the Population and Public Health Community of Practice (PPHCoP) were brought together to discuss current activities, strengths, challenges and areas for improvement, pertaining to the core programs. Common strengths, challenges and areas for improvement were also identified for all 2007-08 core programs.

In addition to the PPHCoP, these working sessions were the first time representatives from all agencies had come together to discuss and collaborate on specific issues pertaining to population and public health. The working sessions further highlighted the expertise and diversity among the PHSA Agencies, and provided an opportunity for the agencies to interact, share ideas and learn from each other.

### *Common Elements*

Common strengths within PHSA which complement the 2007-08 core programs include:

- PHSA expert advice and consultation to the health authorities, other provincial agencies and the Ministry of Health
- Leadership and coordinating roles to address common issues, processes and challenges
- Recognizing the importance of preventive strategies and the population health approach
- Well-established working relationships with the Ministry of Health and the health authorities

Priority areas for improvement common to all 2007-08 core programs were to:

- Develop a mechanism for reporting progress for 2007-08 core programs
- Provide better opportunities for collaboration and coordination between PHSA agencies
- Complete inventories of activities within PHSA relating to Core Public Health Programs
- Identify and finalize a strategic plan for PHSA Population and Public Health

### ***Healthy Living-Healthy Communities Core Programs***

Within PHSA, strengths pertaining to the Healthy Living-Healthy Communities Public Health Core Programs include:

- A collaborative, comprehensive approach
- Activities are informed by best practice/evidence
- An ability to target vulnerable populations and tailor activities accordingly
- Pre-existing networks are accessible (or new networks are developed)
- Executive support
- Research capacity is available/accessible
- Dedicates resources
- A culture of evaluation
- Knowledge is transferred, disseminated and utilized

Priority areas for improvement within PHSA are to:

- Develop a detailed inventory of activities
- Revise gap analysis and improvement plan based on the comprehensive inventory
- Develop a strategic plan
- Identify appropriate infrastructure to support/coordinate these activities

Healthy Workplaces was identified as an initial opportunity to harness expertise and information available within PHSA. A gap analysis for healthy workplaces within PHSA identified the following strengths:

- Employee Wellness and Safety provides rich expertise and services in the areas of Occupational Health Nursing, Safety, Ergonomics, Active Living, Health Promotion & Disability Management
- The Workplace Wellness Charter signed in 2006
- PHSA Workplace Mental Health and Addictions Strategy currently in its third year of implementation, co-led by BC Mental Health & Addictions Services and Corporate Human Resources (HR)

Areas for improvement for Healthy Workplaces are to:

- Identify an inventory of current activities
- Align areas for improvement with current HR strategic plan

### ***Health Assessment & Disease Surveillance Core Program***

All regional health authorities are responsible for examining their current Health Assessment & Disease Surveillance (HADS) activities against the core components of the model program, as well as against PHSA roles and responsibilities, both of which are defined in the HADS Core Model Program Paper. Analysis against the core components showed the following strengths within PHSA:

Priority Setting

- Formal mechanisms for priority setting across PHSA agencies ranging from collaborative agreements, to memorandums of understanding, to legislation

Data Management

- Existence of a PHSA Data Access Group
- Standardized data collection at the provincial and/or national level
- Availability of high quality data
- Availability of highly skilled/qualified staff

### Analysis & Interpretation

- Engaging in partnerships with the Ministry of Health, the regional health authorities and other agencies and organizations
- Ability for collaboration provincially, nationally and internationally on key policy issues
- Ability to act in a consultative capacity with regional health authorities to support key priorities of the regions

### Knowledge Exchange

- Undertaking a broad spectrum of dissemination activities
- Ability to develop tools in response to gaps informed by data
- Ability to tailor interventions to target audiences
- Existing mechanisms for regular feedback from the community

### Action/Utilization

- Public education is a critical part of the work of many agencies
- Implementation of evidence-based guidelines for practitioners

### Priority areas for improvement within PHSA are to:

- Develop a PHSA-wide plan for Health Assessment & Disease Surveillance
- Collect a comprehensive inventory of existing data systems & surveillance activity within PHSA
- Collect an inventory of existing HADS expertise within PHSA
- Identify a PHSA-wide response to collectively address data sharing/access issues
- Increase capacity and skills required for analysis and interpretation, and the application of FOIPPA

Beginning an analysis of activity within PHSA relating to PHSA roles and responsibilities revealed the following strength:

- Multiple agencies have specified activities in relation to each role & responsibility (see Appendix B)

In the absence of further clarification from the Ministry of Health regarding provincial-level & province wide functions, mechanisms and roles and responsibilities, further analysis is challenging. However, this analysis identified the following priority areas for improvement:

- Collect a comprehensive inventory of existing data systems & surveillance activity within PHSA
- Revise gap analysis and improvement plan for HADS activities in relation to defined PHSA roles and responsibilities

### ***Dental Public Health Core Program Commentary***

The Ministry of Health has not identified PHSA as having a role in the Dental Public Health Core Model Program. Consultations with the agencies revealed that PHSA contributes significantly to dental public health through:

#### Preventive Education Clinics for Populations With Existing Conditions:

BC Children's Hospital (BCCH) Department of Pediatric Dentistry provides services to children with conditions such as cancer, asthma and cardiac complications. BCCH has identified this population as a high risk group, with an increased risk of dental caries and periodontal disease resulting from the treatment of these conditions. These groups have not been identified as "high risk" groups in the Dental Public Health Model Core Program. This raises the need for clarification as to whether the Core Public Health programs include services to populations with existing conditions, or whether it is limited to the well population.

Oral Cancer Screening:

The BC Cancer Agency has been instrumental in facilitating practice change through the inclusion of oral cancer screening as part of routine dental examinations across British Columbia, as well as internationally, which relates to primary and early secondary prevention of oral cancers through early detection among high-risk groups. This raises the need for clarification as to where existing primary and early secondary prevention programs relating to oral health, beyond caries and periodontal disease, will be addressed within the framework of core public health functions.

Fluoridation:

The BC Center for Disease Control also identified involvement in the Dental Public Health Core Program through its provision of chemical hazard-benefit assessments in relation to fluoridation.

PHSA and its agencies welcome further dialogue and clarification from the Ministry of Health in relation to PHSA's role in this core program.

Improvement plans addressing priority areas for improvement listed above for each core program can be found on pages 14 and 15 of this document. These improvement plans identify specific targets, timelines and PHSA Leads responsible for coordinating each activity. PHSA looks forward to working with the Healthy Living-Healthy Communities and Health Assessment & Disease Surveillance working groups to implement the improvement plans over the coming years.

## Background

Consistent with the province's ongoing initiative to renew core public health programs, PHSA presents this document to communicate its 2007-08 plans for core public health programs to the Ministry of Health and PHSA's regional health authority partners.

The Ministry of Health and PHSA's regional health authority partners are vital to PHSA successfully renewing its core public health programs. Many details of PHSA's involvement in core public health programs remain to be determined due to:

- Provincial-level and province-wide functions require further consultation between the Ministry of Health (MoH), RHAs and PHSA. The ministry has advised that their current target for defining these roles is September 2008.
- Defining PHSA's role with provincial-level and province-wide functions will be subject to significant consultation processes between PHSA and the RHAs and MoH.
- Additional initiatives to support PHSA to fulfill its provincial level roles and to develop and implement improvement plans for each of the core programs will require adequate resources.

PHSA has a unique structure comprising of a number of agencies and services with specific mandates, as well as initiatives and responsibilities at the corporate level. For example, the PHSA Population and Public Health Community of Practice consists of representatives from all PHSA agencies and plays a significant role in promoting collaboration and coordination between PHSA agencies on issues pertaining to prevention, promotion, protection. Over the past year, this community of practice has continued to enhance its role in public and population health.

As specified in the 2007-08 Health System Performance Framework, this document contains gap analyses and improvements plan for the following core public health programs:

- Healthy Living
- Healthy Communities
- Health Assessment & Disease Surveillance

Progress updates for 2006-07 Core Public Health Programs were also specified as a requirement, and are presented in a separate document.

Due to the overlap between the Healthy Living & Healthy Communities Core Programs, they have been addressed together. The broad scope of these programs carries implications for a majority of PHSA agencies regarding their role in population and public health.

The Ministry did not identify PHSA as having a role in the Dental Core Public Health Program. Consultation with PHSA agencies however, identified activities that may be relevant to Dental Public Health. A brief statement identifying activities that may relate to this core program is included.

## Introduction

The breadth of the three programs that underwent this analysis is such that almost all agencies of the PHSA reported activities pertaining to their main components. The core programs were discussed at the Population and Public Health Community of Practice (PPHCoP) where agencies having relevance to each core program were identified. The PPHCoP identified representatives from their respective agencies/programs to participate in working groups to provide input and feedback to the gap analysis and improvement plans (see Appendix C for working group membership).

Beyond the PPHCoP, these working sessions were the first time representatives from all agencies had come together to discuss specific issues pertaining to population and public health, that may be addressed collaboratively. The working sessions further highlighted the expertise and diversity among the PHSA Agencies, and provided an opportunity for the agencies to interact, share ideas and learn from each other.

Two working sessions were facilitated for each gap analysis and improvement plan process, in which representatives were brought together to discuss current activities, strengths, challenges and areas for improvement, pertaining to the Healthy Living-Healthy Communities cluster, and the Health Assessment & Disease Surveillance core program.



## Gap Analysis

A gap analysis was conducted for the Healthy Living-Healthy Communities Core Program Cluster, as well as for the Health Assessment & Disease Surveillance Core Program. From this analysis, common strengths, challenges and areas for improvement were identified.

### *i. Common Elements*

A number of common strengths, challenges and areas for improvement were identified in relation to all 3 core programs addressed in this report. PHSA Agencies already support and collaborate with the Ministry of Health and the regional health authorities on public health activities. PHSA is well-positioned to provide facilitation, coordination and leadership for provincial and province-wide functions.

Common *strengths* within the PHSA which complement the 2007-08 core programs:

- PHSA expert advice and consultation to the health authorities, other provincial agencies and the Ministry of Health
- Leadership and coordinating roles to address common issues, processes and challenges
- Recognizing the importance of preventive strategies and the population health approach
- Well-established working relationships with the Ministry of Health and the health authorities

Common *challenges* occur within the PHSA, in relation to the core programs of 2006-07 and 2007-08 when:

- Mechanisms to report progress for programs having undergone gap analysis & improvement plan processes are undeveloped
- Opportunities and/or mechanisms for collaboration and coordination between PHSA agencies are limited
- An overall strategy for PHSA population and public health is unclear
- Limited structures and mechanisms at the provincial level to address core program issues

### Analysis:

Participants of both working sessions agreed that these sessions must be regarded as a first step in the improvement plan process. The outcomes of these sessions are high-level improvement plans which will be developed further over the next fiscal year. The focus of the 2007-08 Areas for Improvement is largely internal to PHSA. Although each working session identified areas for improvement specific to the model program(s) being discussed, some common elements were derived from these discussions which relate to all three core programs. These are also consistent with the common factors identified in the 2006-07 Gap Analysis and Improvement Plan.

Priority *areas for improvement*, common to all 2007-08 core programs were to:

- Develop a mechanism for reporting progress for 2007-08 core programs
- Provide opportunities for collaboration and coordination between PHSA agencies
- Complete inventories of activities within PHSA relating to Core Public Health Programs
- Identify a strategic plan for PHSA Population and Public Health

## *ii. Healthy Living & Healthy Communities Core Programs*

Within PHSA, activities pertaining to the Healthy Living -Healthy Communities Public Health Core Programs share common strengths. These include:

- A collaborative, comprehensive approach
- Activities are informed by best practice/evidence
- An ability to target vulnerable populations and tailor activities accordingly
- Pre-existing networks are accessible (or new networks are developed)
- Executive support
- Research capacity is available/accessible
- Dedicated resources
- A culture of evaluation
- Knowledge is transferred, disseminated and utilized
- PHSA-wide implementation of the smoke-free policy

Within PHSA, activities pertaining to the Healthy Living-Healthy Communities Public Health Core Programs share common challenges. These include:

- A dependence on project-based/non-sustained funding mechanisms
- Missing links between best practice/evidence and action
- Differential uptake of best practice/evidence across the province and/or between providers
- A lack of provincial coordination
- Lack of a direction
- Fragmented responsibilities both within agencies and across agencies
- No mechanism for gender/diversity analysis prior to program implementation
- Given PHSA's strength in knowledge exchange, there is a lack of additional monitoring and sharing of progress, lessons learned, knowledge products and tools with other health authorities

### Analysis:

The working group acknowledged that a complete overview of activities within PHSA relating to the Healthy Living & Healthy Communities Core Programs was not available through the representatives of the working group. The group suggested that further dialogue with agency executives and respective accreditation leads may provide more complete. These suggestions have been incorporated into our improvement plan for 2007-08.

From the sample of relevant activities developed by the working group members, areas for improvement within PHSA have been identified. An inventory of activities within PHSA relating to these core programs has begun (Appendix A). However further mechanisms need to be identified in order to produce a comprehensive inventory. The Centers for Population and Public Health will provide further clarity as to mechanisms for coordination of core program activities, as they are developed.

Through this gap analysis, general *areas for improvement* within PHSA were identified that relate to both core programs. These include:

- Develop a detailed inventory of activities
- Revise gap analysis and improvement plan based on the comprehensive inventory
- Develop a strategic plan
- Identify appropriate infrastructure to support/coordinate these activities

A key priority area identified by the working group following the overall analysis was Healthy Workplaces. This community setting was identified as initial opportunity to harness the rich expertise and information available within PHSA. A specific gap analysis for healthy workplaces within PHSA was conducted.

Within PHSA, initiatives pertaining to the Healthy Communities: Healthy Workplace setting share common *strengths*. These include:

- PHSA Healthy Workplace Strategy involving programs pertaining to tobacco, physical activity, healthy weights and mental health & addictions. The PHSA Workplace Mental Health and Addictions Program, currently in its third year of implementation, is intended to improve employee and organizational health and support system wide improvements. The Program is co-lead by BCMHAS and Corporate Human Resources.
- Deliberate improvements in organizational culture through employee engagement survey and imPROVE program
- Rich expertise and services in the areas of Occupational Health Nursing, Safety, Ergonomics, Active Living, Health Promotion & Disability Management through Employee Wellness & Safety
- The Workplace Wellness Charter signed in 2006

Within PHSA, *challenges* pertaining to the Healthy Communities: Healthy Workplace setting were identified. These include:

- Funding strategies to encourage employee wellness (eg. encouraging fitness through improving lighting in stairwells, adding art and directing staff to stairwells to encourage use)
- Lack of an integrated workplace wellness committee across PHSA agencies
- Building infrastructure and capacity to support employee health and wellness
- Integrating gender and diversity in the development and implementation of initiatives
- Coordination of existing programs dependant on project-based unsustained funding mechanisms

#### Analysis:

Potential areas for improvement for Healthy Communities: Healthy Workplace settings include:

- Engaging Business Development in identifying funding for employee wellness initiatives
- Identifying mechanisms to incorporate a gender and diversity analysis of all new and existing employee wellness programs
- Creation of an integrated workplace wellness committee across PHSA Agencies

However prior to engaging in these areas for improvement, they must be validated with Human Resources against an inventory of current activities, and aligned with their strategic plan. Therefore, the 2007-08 *areas for improvement* for Healthy Communities: Healthy Workplace Setting are to:

- Identify an inventory of current activities
- Align areas for improvement with current HR strategic plan

### ***iii. Health Assessment & Disease Surveillance Core Program***

The gap analysis and improvement plan process for Health Assessment & Disease Surveillance (HADS) was performed against the core components, as identified in the Core Model Program Paper. These components are:

- Priority Setting
- Data Management
- Analysis & Interpretation
- Knowledge Exchange
- Action/Utilization

All regional health authorities are responsible for examining their current HADS activities against these components. In addition to these components, PHSA is also responsible for analyzing, its roles and responsibilities, as described in the Core Model Program Paper.

#### Analysis:

Within PHSA activities pertaining to the Health Assessment & Disease Surveillance Core Program components share common *strengths*. These include:

##### Priority Setting

- Formal mechanisms for priority setting across PHSA agencies ranging from collaborative agreements, to memorandums of understanding, to legislation

##### Data Management

- Existence of a PHSA Data Access Group
- Standardized data collection at the provincial and/or national level
- Availability of high quality data
- Availability of highly skilled/qualified staff

##### Analysis & Interpretation

- Engaging in partnerships with the Ministry of Health, the regional health authorities and other agencies and organizations
- Ability for collaboration provincially, nationally and internationally on key policy issues
- Ability to act in a consultative capacity with regional health authorities to support key priorities of the regions

##### Knowledge Exchange

- Undertaking a broad spectrum of dissemination activities
- Ability to develop tools in response to gaps informed by data
- Ability to tailor interventions to target audiences
- Existing mechanisms for regular feedback from the community

##### Action/Utilization

- Public education is a critical part of the work of many agencies
- Implementation of evidence-based guidelines for practitioners

Within PHSA, activities pertaining to the Health Assessment Disease Surveillance Core Program components share common *challenges*. These include:

##### Priority Setting

- When external demands and priorities do not align with internal priorities and/or when external demands are not accompanied by leadership, coordination/or and resources for implementation

## Data Management

- Appropriate data sharing within PHSA agencies and across PHSA agencies is limited
- There is a lack of data sharing mechanisms and process that meet the current interpretations of the FOIPP Act
- Successful processes in place to facilitate data sharing and access agreements (e.g. MoU templates for data sharing) are undeveloped
- Appropriate corporate resources at the agency level are sometimes limited and not appropriately integrated
- Data management skills are lacking for data analysis with user groups

## Analysis & Interpretation

- Analysis and interpretation takes place at a distance from content experts, without local context
- There is a lack of available data analysis expertise

## Action/Utilization

- Evidence that identifies areas for improvement in existing health services/policies presents a challenge for timely dissemination and utilization of the available information
- Lack of clarity as to who is responsible to lead action/utilization

Through this gap analysis, priority *areas for improvement* within PHSA have been identified. These include:

- Develop a PHSA-wide plan for Health Assessment & Disease Surveillance
- Collect a comprehensive inventory of existing data systems & surveillance activity within PHSA
- Collect an inventory of existing HADS expertise within PHSA
- Identify a PHSA-wide response to collectively address data sharing/access issues
- Identify a mechanism to share generic PHSA templates for successful MoUs to facilitate data sharing and access processes
- Increase capacity and skills required for analysis and interpretation, and the application of FOIPPA

## PHSA Roles & Responsibilities:

An analysis of activity within PHSA in relation to the PHSA roles and responsibilities identified the following *strength*:

- Multiple agencies have specified activities in relation to each role & responsibility (see Appendix B)

*Challenges* include:

- Lack of clarity in relation to provincial-level & province-wide functions and roles specific to HADS activities
- Lack of inventory of HADS activities in relation to the defined PHSA roles and responsibilities

## Analysis:

The Ministry of Health has identified a mechanism through the Provincial Public Health Leadership Collaborative to define provincial-level & province wide functions, mechanisms and roles and responsibilities. Once provincial-level & province-wide functions are identified and a comprehensive inventory of existing data systems and surveillance activity within PHSA is complete, PHSA will be in a position to address its area for improvement.

The following priority *area for improvement* has been identified:

- Revise gap analysis and improvement plan for HADS activities in relation to defined PHSA roles and responsibilities

## **Concluding Remarks:**

Plans addressing priority areas for improvement identified for each core program can be found on the following pages. These improvement plans identify specific targets, timelines and PHSA leads responsible for coordinating each activity.

PHSA looks forward to working with the Healthy Living-Healthy Communities and Health Assessment & Disease Surveillance Working Groups to implement the improvement plans over the coming years.

## Improvement Plan

### 2007-08 IMPROVEMENT PLAN: COMMON ELEMENTS & HEALTHY LIVING-HEALTHY COMMUNITIES

Program	Areas for Improvement	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
<b>COMMON ELEMENTS</b>					
All 2007-08 Core Programs	Mechanisms for reporting on progress for 2007-09 programs are unclear	Consult with agencies to identify appropriate mechanisms for reporting on progress for 2007-08 core programs	Mechanism for reporting progress implemented	August 2008	Lydia Drasic PHSAc
All Core Programs	Lack of strategic plan for Population and Public Health	Consult with agencies to develop strategic plan consistent with Core Public Health Programs	Process to develop strategic plan identified	March 2009	Lydia Drasic PHSAc
			Strategic plan completed and approved	March 2010	
<b>HEALTHY LIVING-HEALTHY COMMUNITIES</b>					
Healthy Living & Healthy Communities	Inventory of activities incomplete	Consult with agencies to develop a full inventory of activities across PHSA relating to HL & HC	Inventory of activities within PHSA agencies relating to HL & HC completed	December 2008	Lydia Drasic PHSAc
		Complete revised gap analysis and improvement plan for Healthy Living-Healthy Communities cluster	Revised Gap Analysis & Improvement Plan completed	March 2009	Lydia Drasic PHSAc
	Lack of strategic plan for Healthy Living & Healthy Communities	Consult with agencies to develop strategic plan consistent with core programs	Strategic plan completed and approved	January 2010	Lydia Drasic PHSAc
Healthy Communities: Healthy Workplaces	Infrastructure currently not in place to support & coordinate HL & HC activities	Consult with agencies to identify appropriate infrastructure and mechanisms to support and coordinate activities	Infrastructure and mechanisms for coordination of HL & HC activities identified	December 2010	Lydia Drasic PHSAc
	Inventory of activities incomplete	Consult with HR to develop full inventory of activities across PHSA relating to Healthy Workplaces	Inventory of activities completed	December 2008	Kathy Wills PHSA Human Resources
	Potential priority areas for improvement not validated against current HR strategic plan	Validate existing areas for improvement against full inventory of activities & align areas for improvement with HR strategic plan	Priority areas for improvement confirmed	May 2009	Kathy Wills PHSA Human Resources

## 2007-08 IMPROVEMENT PLAN - HEALTH ASSESSMENT & DISEASE SURVEILLANCE

Component	Areas for Improvement	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
<b>HEALTH ASSESSMENT &amp; DISEASE SURVEILLANCE</b>					
All Components	Plan for health assessment disease surveillance activities relating to population and public health within PHSA required	Consult with agencies through PPH CoP regarding mechanism for planning for a HADS strategic plan within PHSA	HADS plan completed and approved	August 2009	John Millar PHSAc & David Patrick BCCDC
Data Management	Lack of inventory of activities regarding current data systems and surveillance activity within PHSA	BCCDC (Env) and PHSAc to consult with agencies regarding scope of inventory collected	Inventory of existing data systems & surveillance activities within PHSA agencies completed	October 2008	Ray Copes BCCDC (Env)
	All agencies experiencing difficulties with data sharing & access	Consult with agencies to identify PHSA-wide response to address data sharing & access issues and forward to Data Access Group for action	Identify data sharing & access issues	August 2008	John Millar PHSAc
			Forward issues to Data Access Group for action	October 2008	John Millar PHSAc
		Identify successful MoU templates and share generic templates within PHSA	Mechanism for sharing successful MoU templates within PHSA identified	September 2009	David Patrick BCCDC
Analysis & Interpretation	Incomplete information available regarding internal expertise within PHSA	BCCDC (Env) and PHSAc to consult with agencies regarding scope of inventory collected	Inventory of existing data analysis & interpretation expertise within PHSA agencies completed	December 2008	Ray Copes BCCDC (Env)
	Lack of appropriate capacity and skills necessary for analysis and interpretation and application of FOIPPA	Collaborate with agencies and HR to identify issues, solutions and potential plan for action	Issues identified  Plan completed  Implementation begun	March 2009  December 2010  December 2011	David Patrick BCCDC  David Patrick BCCDC  David Patrick BCCDC
PHSA Roles & Responsibilities	Lack of clarity of strengths & areas for improvement for PHSA roles & responsibilities	Consult with agencies to revise gap analysis	Revised gap analysis completed	September 2009	Lydia Drasic PHSAc



## Dental Public Health Commentary

PHSA recognizes that the Dental Health Model Core Program is directed at the primordial, primary and early secondary prevention of caries and periodontal disease, with a particular focus on early childhood, high risk groups and participatory, interdisciplinary action. Although the Ministry of Health has not identified PHSA as having a role in the Dental Public Health Core Model Program, consultation with our agencies have shown that PHSA has made significant contributions to dental public health.

### Preventive Education Clinics for Non-Recognized High-Risk Groups:

BC Children's Hospital (BCCH) Department of Pediatric Dentistry provides services to children with conditions such as cancer, asthma and cardiac complications. BCCH has identified this population as a high risk group, with an increased risk of dental caries and periodontal disease resulting from the treatment of these conditions. These groups have not been identified as "high risk" groups in the Dental Public Health Model Core Program Paper.

Consultations with our agencies highlighted specific activities that may be relevant to this core program. Through the Department of Pediatric Dentistry, preventive education clinics are organized to mitigate the effects of certain medications on children's dental health, specifically for children with asthma using puffers, cardiac patients, cancer patients and other patients taking sugar-based medications. Dental hygiene and prevention programs are also offered to specialty care cases referred to the department from hematology, oncology and other children with special needs.

This raises the need for clarification as to whether this core public health program includes services to populations with existing conditions, or whether it is limited to the well population.

### Oral Cancer Screening:

Consultations with our agencies raised the question as to whether the Dental Public Health core program has the potential to include the prevention of oral cancers along with caries and periodontal disease, a program which has already been included into routine dental examinations. The BC Cancer Agency has been instrumental in facilitating practice change through the inclusion of oral cancer screening as part of routine dental examinations across British Columbia, and internationally. This relates to primary and early secondary prevention of oral cancers through early detection among high-risk groups.

The BC Cancer Agency has also developed the Oral Oncology Network to facilitate networking with dentists and dental auxiliaries by providing support, up-to-date information on standards of care and regular communication with the BC Cancer Agency. This endeavor would promote participatory, interdisciplinary action in the prevention of oral cancers in BC.

This raises the need for clarification as to where existing primary and early secondary prevention programs relating to oral health, beyond caries and periodontal disease will be addressed within the framework of core public health functions.

### Fluoridation:

The BC Center for Disease Control also identified involvement in the Dental Public Health Core Program through its provision of chemical hazard-benefit assessments in relation to fluoridation.

PHSA and its agencies welcome further dialogue and clarification from the Ministry of Health in relation to PHSA's role in this core program.

## Appendices

### Appendix A: Healthy Living & Healthy Communities Sample of Activities & Component Analysis

Agency/ Program	Activity	Strategy (Physical Activity, healthy Eating, Tobacco)	Healthy Living					Setting (Workplace, Healthcare, Schools, Government Communities)	Healthy Communities						
			C1	C2	C3	C4	C5		C1	C2	C3	C4	C5	C6	
BCCA	Stop Smoking Before Surgery	T		X	X	X		H							
	Clinical Tobacco Intervention Recognition Program (CTIRP)	T		X	X	X		H							
	Tobacco General Education Module (TGEM)	T		X	X	X		S, C							
	Smoke Free Workplaces	T	X	X	X	X		W	X	X	X	X	X	X	
	Cancer Prevention Coordinators	PA, HE & T	X	X	X	X		C, W, H, S	X	X	X	X	X	X	
	Healthy Living Schools	PA, HE & T	X	X	X	X	X	S, C	X	X	X	X	X	X	X
	Requests from government to inform policy							G	X						
	Canadian Partnerships for Cancer							S	X	X	X				
	Sunsafe Programs							W & S	X	X	X	X	X		
BCCDC	Partnerships with Government on Major Policy Issues							G			X				
	Fruits & Vegetables in Schools	HE			X	X		S		X	X				
BCCH	Healthy Lifestyles	PA & HE		X	X	X									
	Shape Down Program	PA & HE		X	X	X									
	Social Pediatric Initiative							H				X	X		
	Safestart								X	X	X	X			X
BCIPRU	Falls Prevention Activities							H&G	X	X	X	X	X	X	X
	Analysis of RHA Burden of Injuries						X	H			X	X	X	X	
	Partnerships with Action Schools & Think First							S			X	X			
	Developing Indicators for Childhood Injuries							C							X
	Reducing Injury through Surveillance & Culture							C			X	X			X
	Bicycle Injuries in the cycling environment							C		X	X				
	BC Injury Prevention Conference							C		X	X	X			

Legend:

Healthy Living Components:

- C1: Advocacy & Public Policy
- C2: Education, Awareness & Social Marketing
- C3: Capacity Building
- C4: Service Delivery
- C5: Surveillance, Monitoring & Evaluation

Healthy Communities Components

- C1: Developing Healthy Community Policy/Plans
- C2: Creating Supportive
- C3: Strengthening Community Action
- C4: Developing Skills
- C5: Reorienting Health Services
- C6: Surveillance, Monitoring & Evaluation

Agency/ Program	Activity	Health Living					Healthy Communities							
		Strategy (Physical Activity, healthy Eating, Tobacco)	C1	C2	C3	C4	C5	Setting (Workplace, Healthcare, Schools, Government Communities)	C1	C2	C3	C4	C5	C6
	Collaboration with The Community Against Preventable Injuries			X			X							
	BCIRPU Website/Fact Sheets			X										
	Summer Institute on Injury Prevention						H		X	X	X	X		
BCM HAS	Integrated Provincial Strategy to Promote Health Literacy in MH&A						W & S	X	X	X	X	X	X	
	PHSA Workplace MH&A Strategy						W & H	X	X	X	X	X	X	
	Employee Health Survey					X								X
	Antidepressant Skills in the Workplace						W			X	X	X	X	
BCWH	Baby Friendly Initiatives						H	X						
	Healthy Choices in Pregnancy						H		X	X	X	X		
	Women's Heart Health Strategy	All	X	X	X	X	H			X	X			
	Osteofit	PA		X	X	X								
	Connections in Care						All	X	X	X	X	X		
	Perinatal Depression Strategy						All	X	X	X	X	X		
	Women's Centered Care Curriculum						All	X	X	X				
	Sexual Assault Nurse Examiner						All	X	X	X	X	X		
	Reproductive Health Screening						All	X	X	X				
	Aurora Program Tobacco Elimination	T		X	X	X								
	Tobacco Free Workplace	T	X	X	X	X	W	X	X	X	X	X		
F&P	Green Buildings						W & H		X					
	LEEDS Standards into design						W & H		X					
	Work Space for new employees						W		X					
BCPHP	Healthy Choices in Pregnancy	HE	X				H	X	X				X	X
	Breast Feeding Initiative	HE	X		X		H	X						
HR	Early intervention for absenteeism						W		X					
	Shiatsu Massage Program						W		X					
	FeelingBetterNow						W				X	X	X	
	Responding with Respect						W		X		X			
	Spring Health Fair	HE & PA		X	X		W		X	X	X			
	Active Living Program	HE & PA		X	X	X	X	W		X	X	X	X	X

Legend:

Healthy Living Components:

- C1: Advocacy & Public Policy
- C2: Education, Awareness & Social Marketing
- C3: Capacity Building
- C4: Service Delivery
- C5: Surveillance, Monitoring & Evaluation

Healthy Communities Components

- C1: Developing Healthy Community Policy/Plans
- C2: Creating Supportive
- C3: Strengthening Community Action
- C4: Developing Skills
- C5: Reorienting Health Services
- C6: Surveillance, Monitoring & Evaluation

## Appendix B: PHSA Roles & Responsibilities Analysis

PHSA Roles & Responsibilities	Agencies with Activity
1. Provide expertise and advice to health authorities in conducting health assessment and disease surveillance on community and regional issues	BCCDC (Env & CD), BCTR, BCWH, BCCA, Renal, Cardiac, BCPDR, BCIRPU, PHSaCPPH
2. Maintain registries of specific diseases in the province	BCTR, BCCA, Cardiac, BCPDR, Renal, BCCDC, BCIRPU, BCMHAS, BCWH
3. Conduct analysis and data modeling of provincial surveillance data	BCTR, BCCDC (CD), BCCA, Renal, BCPDR, BCIRPU, BCWH, PHSaCPPH
4. Coordinate the development of specialized studies, reports and profiles to inform health authority planning	BCTR, BCCDC (CD), BCCA, Cardiac, Renal, BCPDR, BCWH, BCIRPU, BCMHAS, PHSaCPPH
5. Develop initiatives to enhance provincial data resources	BCCDC (Env & CD), BCTR, BCWH, BCPDR, PHSaCPPH, BCCA
<p>6. Central role in communicable and environment-related disease surveillance assessment and control for the province</p> <ul style="list-style-type: none"> <li>• Surveillance, analysis and reporting of “reportable” communicable disease events and their risk factors and laboratory data in BC through</li> <li>• Surveillance, analysis and reporting of environmental health risks</li> <li>• Monitoring of vaccine coverage rates, vaccine safety and vaccine utilization</li> <li>• Managing the supply of provincially funded vaccines</li> <li>• Collaborating with other provinces and the federal government on environmental health data-sharing, including information on animal diseases, water and food safety</li> <li>• Providing advisory and information services for health authorities including investigation, monitoring and control of outbreaks, clusters or unusual occurrences of diseases significant to public health</li> <li>• Setting provincial standards and developing tools and guidelines for surveillance, assessment, prevention and control of communicable diseases and environmental risks in BC</li> <li>• Providing expertise and support in case and outbreak management</li> </ul>	BCCDC (Env & CD), PHSaCPPH, BCCA
7. Maintain surveillance data on specific diseases in the province, including trends over time	BCTR, BCCDC (Env & CD), BCPDR, BCCA, Cardiac, Renal, BCIRPU, PHSaCPPH

BCCDC (Env) = BC Center for Disease Control: Environmental Health Surveillance; BCCDC (CD) = BC Center for Disease Control: Communicable Disease Surveillance; BCTR = BC Trauma Registry; BCWH = BC Women’s Hospital; BCCA = BC Cancer Agency; BCIPRU = BC Injury Prevention Research Unit; BCMHAS = BC Mental Health & Addiction Services; BCPDR= BC Perinatal Database Registry; PHSaCPPH = PHSA Corporate Population & Public Health

## Appendix C: Working Group Members & Dental Public Health Consultations

<b>PHSA Healthy Living and Healthy Communities Working Group</b>	
<b>Shelina Babul</b>	Associate Director, BCIRPU Sports Injury Specialist, BCIRPU Clinical Assistant Professor, Department of Pediatrics, UBC
<b>Hal Collier</b>	Senior Planner, Facilities & Planning BC Cancer Agency
<b>Annette Condon</b>	Patient Service Manager BC Mental Health & Addiction Services
<b>Larry Copeland</b>	Director, Food Protection Services BC Centre for Disease Control
<b>Lydia Drasic</b>	Director, Provincial Primary Health Care & Population Health Strategic Planning, PHSA
<b>Jan Finch</b>	Program Director, and member of the Provincial Women's Health Team BC Women's Hospital and Health Centre
<b>Lorraine Greaves</b>	Executive Director, British Columbia Centre of Excellence for Women's Health Senior Advisor, Health Policy and Surveillance, BC Women's Hospital and Health Centre Clinical Professor, Dept of Health Care and Epidemiology, Faculty of Medicine, University of British Columbia Investigator, NEXUS Research Unit Mentor, IMPART training program Co-Leader, Women's Health Research Network
<b>Shannon Griffin</b>	Director, Planning & Strategy Development BC Mental Health & Addiction Services
<b>Shazia Karmali</b>	Population & Public Health Project Management, PHSA
<b>John Millar</b>	Executive Director Population Health Surveillance and Disease Control Planning, PHSA
<b>Becky Palmer</b>	Chief of Nursing BC Children's Hospital and BC Women's Hospital & Health Centre
<b>Dawn Palmer</b>	Corporate Director, Employee Wellness and Safety, PHSA
<b>Ann Pederson</b>	Manager, Policy & Research BC Centre of Excellence for Women's Health
<b>Ian Pike</b>	Director, BC Injury Research and Prevention Unit Assistant Professor, Pediatrics, Faculty of Medicine, UBC
<b>Carla Simon</b>	Business Affairs Coordinator, Cancer Prevention Program BC Cancer Agency
<b>Colleen Stuart</b>	Senior Planner, Facilities & Planning Children's and Women's Health
<b>Kathy Wills</b>	Manager Health Promotion Employee Wellness & Safety

<b>PHSA Health Assessment &amp; Disease Surveillance Working Group</b>	
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<b>Ray Copes</b>	Director, Environmental Health BC Centre for Disease Control
<b>Sheryll Dale</b>	Manager, BC Perinatal Database Registry
<b>Lydia Drasic</b>	Director, Provincial Primary Health Care & Population Health Strategic Planning, PHSA
<b>Lee Er</b>	Biostatistician BCRPA
<b>Eleni Galanis</b>	Physician Epidemiologist
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<b>Karin H. Humphries</b>	Director, Evaluation & Research PHSA Cardiac Registry
<b>Karin Jackson</b>	Manager, Performance Improvement Quality, Safety & Performance Improvement BC Mental Health & Addiction Services An Agency of the Provincial Health Services Authority
<b>Shazia Karmali</b>	Population & Public Health Project Management, PHSA
<b>Nasira Lakha</b>	BC Trauma Registry Trauma Services Vancouver General Hospital
<b>Jamie Livingston</b>	Project Manager, PHSA Research & Networks BC Mental Health & Addiction Services
<b>Scott MacRae</b>	Clinical Consultant, Women & Family Health Decision Support Services Children's & Women's Hospital
<b>John Millar</b>	Executive Director Population Health Surveillance and Disease Control Planning, PHSA
<b>Monika Naus</b>	Director, Immunization Program and Associate Director, Epidemiology Services
<b>David Patrick</b>	Director, Epidemiology Services BC Centre for Disease Control and Associate Professor, UBC Healthcare & Epidemiology

<b>PHSA Health Assessment &amp; Disease Surveillance Working Group</b>	
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<b>Ian Pike</b>	Director, BC Injury Research and Prevention Unit Assistant Professor, Pediatrics, Faculty of Medicine, UBC
<b>Stephanie Shih</b>	Environmental Health Surveillance Specialist Environmental Health Services Division BC Centre for Disease Control
<b>Richard K. Simons</b>	Associate Professor Department of Surgery, UBC Medical Director, Trauma Services Vancouver Coastal Health
<b>John Spinelli</b>	Senior Scientist Cancer Control Research BC Cancer Agency
<b>Sharon Tamaro</b>	Research Officer/Epidemiologist Dir., BC Cancer Registry BC Cancer Agency Cancer Control Research Program
<b>Tracey Taulu</b>	Trauma Program Manager; Trauma Services Vancouver General Hospital
<b>Dori L. Williams</b>	Analyst, BC Trauma Registry Vancouver General Hospital Trauma Services

<b>PHSA Dental Public Health Consultations</b>	
<b>Doug Johnston</b>	Department Head, Paediatric Dentistry BC Children's Hospital
<b>Barbara Poole</b>	Director, Provincial Initiatives BC Cancer Agency
<b>Miriam Rosin</b>	Research Scientist, Cancer Control Research BC Cancer Agency
<b>Sandra Shostak</b>	Doctor, Oral Oncology/Dentistry BC Cancer Agency